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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

Cathy Dinauer, MSN, RN

Executive Director

Catherine Prato-Lefkowitz. PhD.

MSN, RN, CNE, Director of Nursing Education, 888-590-6726

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WORDS

FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

evada is in the midst of a serious opioid crisis. Most of you are aware of the astounding statistics of overdoses not only in our country but in our state as well. In an effort to combat this crisis, Governor Sandoval introduced and passed into law Assembly Bill 474, otherwise known as the opioid law. AB 474 makes changes to current prescribing practices of controlled substances and requires reporting of drug overdoses. During the writing of the bill, NSBN had an opportunity to work with the Governor's office, other occupational boards and health care groups to provide input. It is important to remember that the goal of the bill is to prevent drug overdoses through effective prescribing practices. The main components of the bill require that: 1) drug overdoses or suspected drug overdoses be

reported to the Chief Medical Officer or his/her designee; 2) the practitioner have a bona fide relationship with the patient before writing an initial prescription for controlled substances; and 3) the practitioner obtain a risk assessment and informed consent before writing an initial prescription for controlled substances. In addition, prescribers who are registered to dispense controlled substances must complete at least two hours of continuing education related to the misuse and abuse of controlled substances during each renewal cycle.

It is important that each of you read the bill in its entirety. You can access our website at: www.nevadanursingboard.org for links to the bill.

In other news, I am happy to announce that the enhanced nurse licensure compact (eNLC) was implemented on January 19, 2018 with 29 member states. As of this date, nurses with eNLC multistate licenses may begin practicing in eNLC states. Nevada is not an eNLC state, but our Board has directed us to move forward to implement the eNLC in the 2019 legislative session. More than two million nurses live in eNLC states and have the opportunity to practice in other eNLC states. Nurse educators in eNLC states

with multistate licenses are now able to teach via distance education in all eNLC states. The eNLC also allows nurses to quickly and easily respond to disasters in other eNLC states. Those are just some of the highlights of the eNLC. There are certain minimum requirements for eligibility of a multistate license. An applicant must:

- 1) Meet the requirements for licensure in the home state (state of residency);
- 2) Graduate from a board-approved education program or appropriate international education program;
- 3) Pass an English proficiency exam (if graduated from an international education program);
- 4) Pass the NCLEX-RN or NCLEX-PN;
- 5) Be eligible for or hold an active, unencumbered license;
- 6) Have submitted fingerprints;
- 7) Not have state or federal felony convictions;
- 8) Not have misdemeanor convictions related to the practice of nursing;
- 9) Not be currently participating in an alternative program;
- 10) Self-disclose current participation in an alternative program; and
- 11) Have a valid U.S. social security number.

We will be holding informational meetings regarding the eNLC and welcome all feedback. Please check our website for updated information.



MESSAGE

FROM THE PRESIDENT

Deena McKenzie, MSN, RN, CNML

s the new President of the Nevada State Board of Nursing, I am extremely honored to fulfill this role. This year I celebrate my 40th anniversary as a registered nurse in the State of Nevada. I had no idea where my care would take me upon graduation from the University of Nevada, Reno in 1978. My first job led me to the specialty of emergency nursing, and from there I had the opportunity to become a nurse leader. I have continued in the role of a nurse leader for my entire career.

The specialty of nursing leadership has given me many opportunities throughout the years. My career has expanded from working as a charge nurse, to the Chief Nursing Officer, to an ER nurse, a pediatric and women's health nurse and back to an ER nurse. Each new role has been a learning opportunity, and I have embraced each one as a new adventure. For me, nursing has not only been a career but also a highly cherished profession.

I was first appointed to the Board in the fall of 2014 by Governor Brian Sandoval. I was excited and proud to receive the appointment. It was a new opportunity to use my many years of experience as a nurse for an important purpose. The role and mission of the members of the Nevada State Board of Nursing is to "protect the public's health, safety and welfare through effective regulation of nursing." The Board

members work diligently to ensure nurses are accountable for the care provided to Nevadans. As a member of the Board, I take this responsibility very seriously.

A common word in this article has been "role." As nurses we have many roles, but one of the most important should be to be a role model. As nurses we have many roles, but one of the most important is that of a role model. Regardless of the position one has chosen, we are

all role models. Students and new graduates look to us for guidance and mentorship. As peers we look to each other for support and collaboration. We are each role models for the profession of nursing. As I accept the role of President of the Nevada State Board of Nursing, I am committed to the safety of the people of the State of Nevada and the professionalism of nursing. Thank you for this great opportunity and role.



ROSEMAN UNIVERSITY IMPLEMENTS A VETERAN TO BACHELOR OF SCIENCE IN NURSING (VBSN) PATHWAY

Jené M. Hurlbut, RN, MSN, MS, PhD, CNE Imelda R. Revuelto, MSEd

₹ he College of Nursing at Roseman University of Health Sciences was awarded an HRSA grant in the summer of 2015 that targets veterans with the intent to increase enrollment, progression and graduation of veterans in a Bachelor of Science Nursing (BSN) program. The Veteran to Bachelor of Science in Nursing Pathway implemented at Roseman supports the strategic plan of the United States Health Resources Service Administration (HRSA) to improve access to quality health care and services, strengthen the nation's workforce, build healthy communities and improve health equity.

BACKGROUND

According to the 2015 Veteran Economic Opportunity Report, careers in the health professions and clinical sciences are one of the top three desired degrees for veterans to pursue (U.S. Department of Veteran Affairs, 2015). Furthermore, the report indicates that veterans perceive degrees requiring a shorter time frame for completion provides for a quicker entrance into a career that offers economic stability and competiveness (U.S. Department of Veteran Affairs, 2015). With an estimated two million veterans returning from Iraq and Afghanistan (McBain, Kim, Cook, & Snead, 2012) nursing programs have an opportunity to change the landscape in which veterans are being transitioned and educated

from the military into a career as a registered nurse.

Nursing programs are provided support including grant awards through HRSA and the Nurse Education, Practice, Quality and Retention (NEPQR): Veteran's Bachelor of Science Degree in Nursing Programs initiative. Accordingly, this initiative, "will build upon the unique leadership skills, abilities, and training that military veterans possess in order to reduce the burden of transitioning into professional nursing careers" (HRSA health workforce, https://bhw.hrsa.gov/grants/nursing n.d.)

In July of 2015, Roseman University of Health Sciences College of Nursing was awarded a three-year HRSA grant, becoming one of only 31 institutions receiving this grant. Roseman's Veteran to Bachelor of Science in Nursing (VBSN) grant team developed a VBSN pathway and enrolled its first cohort in February 2016 in the 16-month accelerated BSN program. The VBSN pathway goals strive to increase the number of veterans admitted into the College of Nursing programs, develop mechanisms to award nursing academic credit for military education and experiences, provide educational opportunities to faculty and staff to minimize barriers faced by veterans, and ensure that graduates secure employment after licensure including employment in facilities that provide care for medically underserved populations. All of these goals and efforts result in increased diversity among the

nursing population. A "pathway" was developed rather than a program to provide veterans with an option of earning their Bachelor of Science in nursing degree in one of two tracks: the 16-month accelerated hybrid or the 18-month full-time program. The VBSN pathway is currently offered at Roseman's Henderson, Nevada campus.

ARTICULATION AND TRANSFERABILITY OF MILITARY CREDIT

An important facet of the VBSN pathway is offering veteran students an opportunity to articulate military education and experience to satisfy humanities and elective credits, thus decreasing the amount of tuition paid and the time it takes to complete prerequisite requirements. This helps veterans preserve the use of their VA educational benefits for future use in other courses, and reduces the time in which they can complete a degree and enter the workforce (American Council on Education. 2015). VBSN students with medical military backgrounds have the opportunity to test out of preidentified courses, referred to as "blocks" at Roseman University, provided they have been discharged within the past five years, or are still serving in the U.S. military. This allows students the opportunity to test out of courses and removes the redundancy in areas where the student is competent (Allen, P., Armstrong, M., Saladiner, J.,

Hamilton, M., & Conard, P., 2014). Eligible students undergo an appraisal process including a review of the student's DD-214 form, military transcripts, a self-assessment intake of skills and an interview with the lead faculty member. The blocks that VBSN students may test and receive credit for include: Health Assessment, Nursing Fundamentals didactic, and Pharmacology. The testing process includes cognitive assessments based on the same test blueprint from the designated blocks, and demonstration of the required skills on a medium- to- highfidelity simulation laboratory setting. The VBSN students are required to achieve a 90% pass rate on these assessments, which is the same requirement as other students at Roseman University. Students who successfully meet

the 90% or higher assessment requirement are awarded the applicable nursing credit after they complete the first block in the curriculum.

INTEGRATION OF MILITARY TOPICS, CONCEPTS AND CULTURE

Critical to the success of the VBSN pathway and students is the provision of an educational environment and culture of respect for veterans. The Association of Private Sector Colleges and Universities' (2013) recommends that faculty development training be available to ensure that faculty, "receive the necessary tools and information regarding the unique qualities of the military and veteran learner." (p. 8) In keeping with this recommendation, the VBSN

pathway provides various conferences, workshops and "lunch-and-learns" that target the understanding of the military culture and the strengths that veteran students provide to the learning setting. Additionally, the nursing curriculum was reviewed and evaluated for the inclusion of military topics and concepts in the applicable identified courses.

USING DATA TO IMPROVE VETERAN SERVICES

For purposes of Roseman University's VBSN pathway, a "veteran" is defined as any person who has served or continues to serve, for any length of time, in any United States military branch. As of February 2017, Roseman's

CONTINUE TO NEXT PAGE



VBSN pathway has a total of 17 veterans, representing all five armed services branches. The VBSN students are enrolled in both programs, three students graduated in June 2017. Of the 17 veterans, one veteran has successfully tested out of fundamentals of nursing didactic, and one veteran has tested out of three blocks (health assessment, fundamentals of nursing, and pharmacology).

Roseman's VBSN team will continue to track outcomes through varied data collection methods including processes developed within the University and survey data that is gathered and analyzed from an external entity. Surveys are given to veteran students at the entry, mid and exit points of the program as well as focus-group sessions that take place twice a year. Faculty and staff are invited to participate in the surveys as well as focus group discussions. The qualitative and quantitative data is collected, analyzed and reported by the external evaluation service to ensure anonymity and unbiased reporting. Information from the reports is used to improve upon current services as well as provide additional services based on student requests and needs.

FROM INQUIRY TO CAREER

The VBSN pathway strives to provide a supportive environment for veteran and other militaryconnected students by providing academic, professional, personal and mental-health support/ resources. The VBSN pathway collaborates with major military bases, health care facilities, veteran service organizations and post-secondary institutions in the Southern Nevada area, as well as the surrounding regions to ensure students have a varied array of resources and information on transitional/ educational resources, veteran benefits and possible career opportunities. This helps to ensure a seamless transition process from the point of inquiry to graduation and ultimately career development (American Council on Education, 2015). These services include a designated VBSN pre-admission advisor, a nursing faculty academic mentor (who is a veteran), career and employment resources and guidance, peer-to-peer mentoring and a designated veterans' lounge where veterans can study and interact with their peers.

Overall, the VBSN pathway has been successful in meeting the goals of the grant. The VBSN team will continue to evaluate the processes and needed resources based on the gathered data and feedback received. This will ensure the continued success and sustainability of this important pathway option for veterans.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant UF1HP28516, "Nurse Education, Practice, Quality and Retention - Veteran's Bachelor of Science in Nursing Program," for \$1,050,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

REFERENCES

- Allen, P., Armstrong, M., Saladiner, J., Hamilton, M., & Conard, P. (2014). Opportunities, hurdles, solutions, and approaches to transition military veterans into professional nursing programs. Journal of Professional Nursing, 30(6), 474-480. http://dx.doi.org/http://dx.doi.org/10.1016/j. profnurs.2014.03.007
- American Council on Education (2015). ACE's 2015 service member and veteran academic advising summit report. Retrieved from http://www.acenet.edu/news-room/Documents/2015-Veterans-Programs-Summit-Report.pdf
- Association of Private Sector Colleges and Universities (2013). Report of the APSCU blue ribbon taskforce for military and veteran education. Retrieved from https://www.insidehighered.com/sites/default/server_files/files/Report-of-Blue-Ribbon-Taskforce_Feb2013.pdf.
- HRSA health workforce. Retrieved from https://bhw.hrsa.gov/grants/nursing, n.d.
- McBain, L., Kim, Y., Cook, B., & Snead, K. (2012). From soldier to student II: Assessing campus programs for veterans and service members. Retrieved from http://www.acenet.edu/news-room/Documents/From-Soldier-to-Student-II-Assessing-Campus-Programs.pdf
- U.S. Department of Veteran Affairs (2015). 2015 Veteran economic opportunity report Department of Veterans Affairs. Retrieved from http://www.benefits.va.gov/benefits/docs/ veteraneconomicopportunityreport2015.pdf

CONTINUING EDUCATION REQUIREMENTS FOR SUICIDE PREJENTION

By Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

n the last legislative session, Assembly Bill 105 was signed into law revising continuing education

requirement relating to suicide prevention and awareness. This law went into effect July 1, 2017, and impacts advanced practice registered nurse (APRN) licensure requirements in Nevada. The requirements of the Bill will be found in Nevada Revised Statute (NRS) 632.343.

For a person licensed as an APRN, a two hour continuing education (CE) course of instruction on suicide prevention and awareness must be completed within two years after initial licensure or prior to renewal of licensure. The course must be an evidence-based suicide prevention and awareness or another course of instruction on suicide prevention and awareness approved by the Board of Nursing.

The Nevada State Board of Nursing does not approve individual continuing education courses, but they do have a brief listing of approved continuing education providers on the website whose courses appear to meet the intent of the law. Refer to the notice and link on the Board of Nursing

website titled "APRN Continuing Education Requirement" with the explanation of the law and partial list of course providers.

The current CE requirement for APRNs is 45 hours (30 for RN licensure and 15 additional for APRN). The two CE requirement for suicide prevention and awareness will count as part of the 45 hours and is not in addition to the required 45 CE

Please take time to read the notice of continuing education requirement on the Board of Nursing website. It contains important information and updates regarding this new requirement as well as other changes from the most recent 2017 legislative session.

REFERENCES:

Nevada State Board of Nursing, (2018). http://nevadanursingboard.org/wp-content/ uploads/2017/09/2017.09.01.AB-474-Chart-FINAL.pdf







Nevada State Board of URSING





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NURSING SCOPE OF PRACTICE QUESTIONS RECEIVED BY THE BOARD



very month the Board ✓ scope of practice calls from licensees, facilities and patients. These questions are fielded by the Board's team of investigators. Our investigators have selected several of the most frequent safety related questions to share with you. We hope that the answers below will help guide you with the scope of practice decisions you make everyday on the job. The questions have been categorized by level of licensure. However, we encourage you to read all the questions we selected as safe delegation and supervision in your practice setting requires clear knowledge of not only your own competency and qualifications but also, that of your coworkers.

ALL NURSES: (THE SCOPE OF PRACTICE DECISION TREE).

When Board staff answers questions regarding scope of practice we look to a current practice decision

(on website "Practice" tab) or if there is a statute or regulation (the Nevada Nurse Practice Act) that clearly addresses the procedure/practice in question. Unfortunately, there is not always enough specificity in the statute or regulations needed to answer a particular question. In that case, we refer the nurse to use the "Scope of Practice Decision Tree" found on our website, also under the "Practice Tab." This tool asks a series of questions that will help you determine if the procedure/practice is within your scope of practice. Additionally, the Board has a Nursing **Practice Advisory Committee** (NPAC) that considers and publishes NPAC Advisory Opinions related to practice. This committee regularly receives and reviews practice decision requests and posts Board approved advisory opinions on the website.

RN/LPN

There has been an increase in inquiries from Licensed Practical

Nurses (LPNs) and facilities related to regulations which may allow LPNs to practice nursing with a peripherally inserted central catheter (PICC line) and a nasogastric tube (NG tube). A clear understanding of these regulations is as important for the delegating/supervising RN to know as they are for the LPN. Both the RN and LPN have the responsibility to ensure these procedures are performed by a qualified LPN in a setting where there is a clear policy that supports the practice and regulation. If a Licensed Practical Nurse meets the requirements that are clearly defined in Nevada Administration Code (NAC) 632.242, they are allowed to do the following:

- Licensed Practical Nurses are allowed to flush a PICC line and to access it for drawing blood.
- Licensed Practical Nurses are allowed to insert and check the placement of an NG tube.

We encourage both RNs and LPNs working in settings where these procedures are conducted to review the educational and continued competency requirements outlined in NAC 632.242.

CDA:

The Board receives a high volume of questions from CNA's regarding situations in which they are asked to provide care or perform a task that may be outside of their scope of practice. It is the CNA's responsibility to know what care they are competent and qualified to provide. A good baseline to go by is, "If I was trained to do it in my CNA program, then it should be in my scope of practice." If by this standard the CNA is competent but lacks the confidence to perform the task for any reason, the CNA should always communicate that situation to the RN or supervisor. For example, if a care task has not been performed by the CNA in many years, re-education may be required before the CNA would be competent to perform the task. Please also refer to the "CNA Skills Guidelines" posted on the website under the "Licensure/Certification" tab. This is a list of care functions that a CNA can provide and some they cannot. These guidelines have been approved by the CNA Advisory Committee.

APRN:

Many scope of practice questions are raised by advanced practice registered nurses (APRNs) who provide care as family or adult health practitioners to psychiatric patients. It is very important to take a moment to examine this area of practice especially by those practitioners who have not yet advanced their degrees to attain a post-masters Psychiatric-Mental Health Nurse Practitioner (PMHNP)

Our investigators have selected several of the most frequent safety related questions to share with you.

Certificate. As a family or adult nurse practitioner, one's scope of practice (NAC 632.255) and population of focus (NAC 632.2597) must be considered when providing care to psychiatric patients. The American Nurses Credentialing Center (ANCC) discusses eligibility criteria (http:// www.nursecredentialing.org/ FamilyPsychNP-Eligibility.aspx) for expanding one's education in this specialty area. Providing care to psychiatric patients may require additional knowledge and skill that comes with a PMHNP certification program and dedicated facultysupervised clinical on-site training

(i.e., 500 hours minimum in the program per ANCC). This psychiatric training is more than is currently offered through most family or adult nurse practitioner programs and is specific to the psychiatric care of the patient.

The APRN must be cognizant of their role and population of focus when determining if certain acts are within their scope of practice. In conclusion, please use the scope of practice tools available to you on the Board website. Further, we encourage you to contact the Board directly any time you have scope of practice questions.



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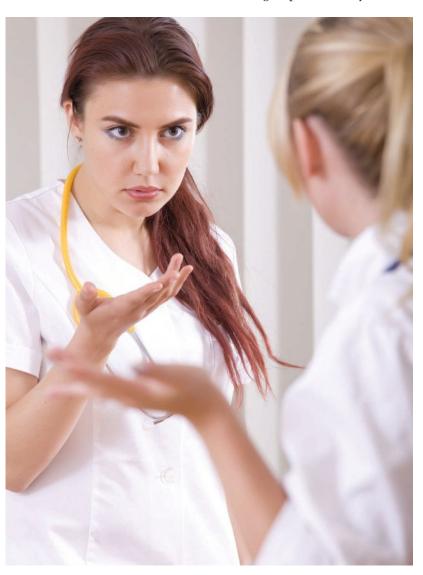
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TEACHING NURSING STUDENTS COPING MECHANISMS FOR LATERAL DIOLENCE SITUATIONS

Dawn Lutes, MSN RN Catie Chung, PhD RN CNE

any nursing organizations and healthcare regulating bodies have been paying attention to the prevalence of lateral violence in nursing, including the American Nurses Association (ANA) and the Joint Commission. Lateral violence is defined as abuse occurring in the workplace between workers, and is used synonymously with terminology such as horizontal violence, bullying, and incivility.

A zero-tolerance policy was established by the ANA in 2015 which stated respect and dignity must be promoted throughout all of nursing. It was also stressed that incidents must be reported and all organizations should have a program established to prevent lateral violence, and provide support and conflict resolution if lateral violence does occur. Nursing students have been identified as one of the most vulnerable groups affected by



this problem. Lateral violence situations increase stress levels for nurses and nursing students, which may inadvertently impact patient safety. Preparing students to cope with lateral violence in the clinical setting is one way nurse educators and clinical nurses provide support and guidance regarding professional behaviors.

A pilot study was conducted with twenty-three pre-licensure nursing students who were currently enrolled in clinical nursing coursework. The project was framed by Jean Watson's Caring Theory and encouraged students to complete a video, PowerPoint presentation, and an interactive case study with an educator. A Likert type pre- and post-survey was provided to the students to measure the knowledge gained from this presentation. Students were asked if they understood the definition of lateral violence and if they had confidence that they could respond to a situation

in which lateral violence was occurring. All nursing students that completed the post-test better understood lateral violence and had increased confidence that they could cope with lateral violence. They also believed this educational program was beneficial, and would be even more so prior to entering the clinical setting.

Although instilling the best of our profession in our students is the goal, we also must prepare them to cope with professional difficulties. This pilot study shows that students do appreciate being educated about difficult professional situations and are open to learning new coping mechanisms so that they can flourish as clinical RNs.

APRN:

American Nurses Association. (2015). ANA sets 'zero tolerance 'policy for workplace violence, bullying.
Retrieved from http://www.nursingworld.org/
MainMenuCategories/WorkplaceSafety/Healthy-Nurse/
bullyingworkplaceviolence/ANA-Sets-Zero-TolerancePolicy-for-Workplace-Violence-Bullying.html

Oh, H., Uhm, D., & Yoon, Y. (2016). Workplace bullying, job stress, intent to leave, and nurses perception of patient safety in South Korean hospitals. *Nursing Research*, *65* (*5*), 380-388. https://doi.org/10.1097/NNR.0000000000000175

Sanner-Stiehr, E. & Ward-Smith, P. (2017). Lateral violence in nursing: Implications and strategies for nurse educators. *Journal of Professional Nursing*, 33(2), 113-118. doi:10.1016/j.profnurs.2016.08.007



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THE CASE FOR HOME HEALTH

From Douglas T. Geinzer Chief Executive Officer, Las Vegas Heals



s the need for home health grows in Nevada, so has the number of nurses who have discovered happiness working in the home setting.

According to the U.S. Bureau of Labor Statistics, the number

of registered nurses working in home health rose from 114,430 in 2003 to 176,980 in 2015, an increase of 54%. In addition, the Bureau projects that all jobs related to the home healthcare industry, including home health aides, physician assistants, nurse practitioners and more, will rise to more than 2 million in 2024, an average of 78,000 new jobs each year.

The annual median wage for a home health nurse is \$69,350, according to the Bureau, more than the annual median wage for nurses who work in both physician's offices and skilled nursing care facilities.

Becky Torrez, Owner and President of BrightStare Care,

You need to think on your feet, be a self-starter and love working with people.

said nurses who work in home health become more well-rounded with all of the duties they are tasked with completing.

"You really become an expert in a lot of different areas," she said. "You need to think on your feet, be a self-starter and love working with people."

Right now, the need for home health is enormous. More people are choosing to be cared for in their homes, and studies have shown that they tend to heal faster when they are recuperating in their own environment.

While the patients benefit from being cared for in the comfort of their own home, there is also tremendous upside for those nurses who choose to pursue a career in home health. As a home health nurse, you are in charge of your own schedule.

You can choose your case load and the patients you work with, which helps you determine your own income. As a home nurse, you also develop relationships with the families who have let you into their home. You are a case manager as well as a nurse.

"Often times in acute settings, you don't get the time or luxury to get to know patients and their families," Torrez said. "In a home care setting, you get to take your time with a patient and really learn about them and their needs. Many of the nurses I've hired have told me how much they enjoy the one-on-one experience working with clients."

Some nursing students have chosen to make home health a full-time career after graduation, though some prefer to gain more experience in the hospital before taking that route.

As the need for home health nursing grows, hopefully more nurses will continue to pursue this rewarding career opportunity.





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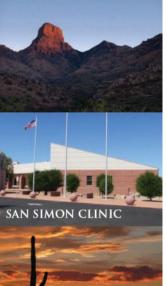
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LPNS AND THE NEW NSBN PRACTICE REGULATIONS FOR ID THERAPY

By Kathleen T. Mohn, MSEd, RN, BSN

President, NEVVAN

Nevada Vascular Access Network

ave you read the new LPN IV Therapy regulations? Every RN and LPN in Nevada should read the new regulations in their entirety and be prepared to practice in accordance with them. There are several changes and clarifications that dramatically impact LPN IV practice. These changes were proposed in 2015 and enacted by the Nevada legislative sessions in 2016.

These changes affected the duties which can be assigned to LPNs in Nevada. It is the responsibility of all nurses-LPNs, RNs, and APRNs- to know their scope and to be informed of any changes in regulation or statutes pertaining to their practice.

Some of the more significant changes include:

NAC 632.450 a licensed practical nurse who has completed a course in intravenous therapy approved by the Board pursuant to NAC 632.242 and who acts pursuant to a written order issued by an advanced practice registered nurse, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician and, as applicable, under the immediate supervision of a physician, physician assistant or registered nurse may:

- a. start peripheral intravenous therapy that does not include midline or midclavicular catheters
- b. Introduce one or more solutions of electrolytes, nutrients, or vitamins
- c. Administer, by adding a solution, any of the following medications
 - · Antimicrobials
 - Blood and blood products if under the supervision of a registered nurse
 - · Histamine H2 receptor antagonists
 - · Proton Pump Inhibitors and
 - · Steroids
- d. Administer intravenous fluid and medications from a container which is commercially prepared or premixed and properly labeled by a pharmacist or a registered nurse designated by the pharmacist
- e. Flush locks
- f. Except as otherwise provided in paragraph (g), administer fluid by continuous or intermittent infusion through a peripheral device which uses a mechanism to control flow;
- g. Administer fluid to a patent with a temporary central venous catheter continuous or intermittent infusion by an electronic mechanism to control flow;

- h. Maintain patency of a peripheral intermittent vascular access device, including, without limitation, a peripherally inserted central catheter, using a nontherapeutic dose of flush solutions;
- i. Withdraw blood from a peripherally inserted central venous catheter
- j. Discontinue peripheral intravenous catheters
- k. Change central venous catheter dressing

NAC 632.455 is hereby amended to read as follows: 632.455 A licensed practical nurse may not administer intravenously:

- 1. Any medication other than those listed in NAC 632.450;
- 2. Any drug which is under investigation by the United States Food and Drug Administration, is an experimental drug or is being used in an experimental method;
- 3. Any antineoplastic medications
- 4. Colloid therapy, including hyperalimentation
- 5. Any medication administered by intravenous push or Any medication used for purposes of sedation

NAC 632.475 is hereby amended to read as follows: NAC 632.475 The course must include the following subjects

- a. The current regulation concerning licensed practical nurses and intravenous therapy;
- b. The anatomy, physiology, and physics related to intravenous therapy
- c. Identifying the purposes of intravenous therapy
- d. Identifying the major routes for fluid replacement
- e. Locating and naming common intravenous sites
- f. Identifying the types of fluids used in intravenous therapy
- g. Preparing patients for intravenous therapy
- h. Administering intravenous therapy, including:
 - · Setting up equipment for intravenous therapy
 - Inserting devices that act like needles in the periphery
 - · Inserting tubing into bottles of additives
 - · Calculating drops per minute
 - Regulating intravenous flow according to calculation
 - Use of electronic regulating mechanisms
 - Superimposing and piggybacking containers of solutions

- Discontinuing peripheral intravenous devices that act like needles
- · Recording intravenous therapy
- i. Identifying possible complications from intravenous therapy
- j. The management of intravenous therapy
- k. The pharmacology of medications and solutions used in intravenous therapy
- 1. The appropriate technique for changing a sterile dressing on a peripheral and central venous site, and
- m. Flushing and drawing blood from a peripherally inserted central catheter

The course mentioned above must also meet new criteria and "must include at least 30 hours of instruction and 10 hours of clinical or laboratory practice. The clinical or laboratory practice must include three successful venipunctures on live subjects or through the use of a simulator" (NAC 632.475)

The preliminary actions must be performed by a registered pharmacist or an RN designated by the pharmacist. Diagrams illustrating these IV bags that need preliminary preparations are found below.

ADUANTAGE IU PIGGY-BACK SYSTEM









In order to use this system of IV piggy-backs, the cork on the bottom of the vial must be pulled into the bag and the powder in the vial falls into the IV fluid. The operator then shakes the bag until all the powder is dissolved. Under the new regulations, the LPN cannot perform these manipulations. The RN or pharmacist must do them and hand the labeled bag to the LPN ready for administration (NAC 632.455).

CONTINUE TO NEXT PAGE



Nursing Opportunities Available

- Emergency Room Nurse
- Medical / Telemetry Unit Nurse
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Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona

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ernasha.mcintosh@sagememorial.com.
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Carson Tahoe Health (CTH), a not-for-profit healthcare system with 240 licensed acute care beds, serves a population of over 250,000. Nestled among the Sierra Nevada, CTH master planned campus lies between Reno, NV and beautiful Lake Tahoe. CTH features two hospitals, two urgent cares, an emergent care center, outpatient services, and a provider network with 21 regional locations.

Carson Tahoe is currently seeking experienced RNs for all departments.

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BAXTER IU PIGGY-BACK IU ADMINISTRATION SYSTEM



In order to activate this system the nurse breaks the device between the vial and the bag and squeeze IV fluid into the vial and back into the bag for administration (NAC 632.455).

PARTIAL TPN SYSTEM-

TPN should not be administered through a peripheral IV. The proper nomenclature is PARTIAL Parenteral Nutrition (PPN) with an osmolarity somewhere between



1200-1500mOsM/L which is way over the INS guidelines of a max osmolarity of a peripheral infusion of 900mOsM/L. This system-you squeeze one side of the bag into the other! LPNs are also unable to administer colloids and parenteral nutrition.

Another provision of the LPN regulations is the IV requirements that LPNs must be able to validate improvement or maintenance of the skills listed in the new regulations to their employers, the board or both upon request (NAC 632.475). There are courses available for LPN IV education at College of Southern Nevada (via Workforce Division), HEART, INC (ktmohn@aol.com), Nevada Vascular Access Network and on-line to aid the LPN in compliance with this requirement. Check with your facility to see if they have any CEU courses addressing IV therapy for LPNs in Nevada!

LPNs can also draw venous specimens peripherally and from PICC lines provided they have validated these skills via facility policy/procedure. Facility educators should be aware of this provision and be prepared educate and validate LPN competence and compliance of their employees when LPNs return after an initial IV class. (NAC 632.450)

LPNs may also change the dressings on central venous access devices including PICCs, CVCs, Implanted Venous Ports, Hickmans and Broviacs. LPNs may NOT access/de-access implanted ports (NAC 632.450).

LPNs may NOT be performing **initial** patient assessments or care plans. This duty belongs squarely to the RN. LPNs can update care-plans and perform focused assessments after the initial assessment is completed by an RN.

10- Which IV duties can LPNs <u>NOT</u> perform? Any drug other than those listed in NAC 632.450, any drug under investigation by the USFDA, an experimental drug or a drug being used in an experimental method, any antineoplastic medication Colloid therapy including hyperalimentation, any medication administered by IV Push, any medication used for purposes of sedation (NAC 632.455).

"WHAT KIND OF CARE DID YOU PROUIDE TODAY?"

By Dr. Lauren Jones

hen you left work today, did you think about what you did? Or, are you thinking about what you need to do now that you are off? Do you ever talk about the care you give, or do you just "show up for work" and "DO"? Lastly, do you have time to think about your work? Or, are you thinking, "When would/do I have time to think? I just do." "We are short staffed. I don't have time to think at work, let alone when I'm off."

If you can identify with any of the comments, you could become a "stepford" employee. Stepford employees are the ones who show up and robotically do things without critically thinking. Some of you may be thinking "Well, that's what we learned; to automatically do things to save lives e.g., calling a code."

This is absolutely true, however, what things happen when we have to think critically? When we are able to see steps A and G and know that we need to employ step Q? That unfortunately is not automatic. It requires time to assess and collect data, THEN make a decision. However, WHEN can you find time?

I wish I had a magic wand to tell you how. YOU have to value it enough, to make it. This will allow you to be in control of NOW. Unfortunately, most of us in the moment are thinking about what we just did or what we have to do. Believe it or not, centering yourself at the start of your day, will help you feel more in control and increase your chances of critically thinking.

Centering can be breathing in bed, closing your eyes and focusing



on now; NOT what needs to be done. We become our own worst enemies and "should' all over ourselves: "You SHOULD have done ...; SHOULD be doing ...; SHOULD NOT have"

Trust me, this can be done in five minutes: breathing in your nose, out through your mouth and focusing on NOW. When YOU OWN NOW, you've WON!





2018 RESEARCH EMPOWERMENT DAY - 1ST ANNUAL

The Research and Evidence Based Practice Council at UMC would like to invite all healthcare professionals (including students) to participate in a poster presentation session.

POSTER GALLERY WILL BE HELD MAY 9TH, 7 AM TO 5 PM IN UMC HOSPITAL CAFETERIA

All poster submissions must be received by April 2nd.

Poster presenters will be awarded certificates of participation as well as select individual awards in various categories.

DIRECTIONS FOR SUBMISSION

- 1. Required information and documents to be submitted by April 2nd:
- 2. Presenter name(s), credentials, address, email, phone number
- 3. Facility, agency, school or organization of presenter
- 4. Title of poster
- 5. Description of poster (please keep to 500 words or less). Should contain a description of the project or subject matter, methodology if applicable, analysis, and results indicated.

If your poster is accepted, you will be notified by April 23rd.

Any submission questions should be directed to Vicki Walker at Vicki.walker@umcsn.com, telephone (702) 383-6249. Please send all submissions to vicki.walker@umcsn.com – you will receive a confirmation of submission via email. If confirmation is not received, please follow-up.

DIRECTIONS FOR POSTERS

Dimensions should not exceed 3ft x 4 ft. All submission should be current research or quality improvement projects within the past two years. All submissions must be free of commercial interest. Commercial interest organizations are not eligible to submit abstracts. An individual must disclose any financial relationship with an entity with a commercial interest.

The winning poster(s) will be selected by a neutral panel of judges using the following six criteria: Is it visually appealing? Is the content clear and easy to follow? Is the purpose clearly stated? Is relevance to nursing (or healthcare) clear? Is the project/research creative and or innovative? Does it add to knowledge of discipline?

Final accepted posters ready for display must be received at UMC by May 7th at 3 pm. Posters will be on display from 7am to 5pm on May 9th in the UMC Cafeteria. Presenter(s) or their representative(s) are expected to be available at their poster between 7:30 am - 11 am and 11:30 am - 3 pm on May 9th to answer questions from attendees.

UMC HOSTS FIRST ANNUAL RESEARCH EMPOWERMENT DAY

By C Paul Neue and Vicki Walker

In the spirit of higher learning and a culture of research University Medical Center of Southern Nevada (UMC) is pleased to announce the first annual Research Empowerment Day May 9, 2018. The call for posters is open to individuals or groups from all healthcare disciplines who would like to present original research, a performance improvement project, or evidence-based projects.

Research Empowerment Day is the brainchild of Debra Fox, Chief Nursing Officer at UMC. She has three objectives in mind: to bring evidence-based practice to the bedside, "any nurse can be a researcher;" to "formally recognize research excellence;" and to enhance UMC's partnerships in higher learning. Research Empowerment Day supports UMC's vision "To be the premiere academic medical center in Nevada."

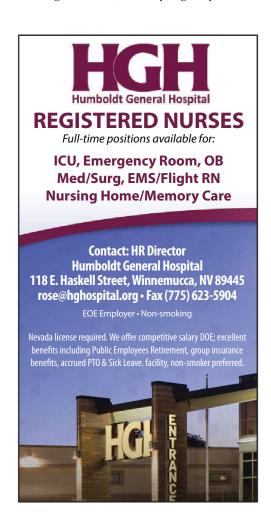
Required information and documents for the poster submission deadline of April 2, 2018, include: the name(s) of presenters, credentials, address, email and phone number; the organization, facility, agency or school of the presenter;

poster title; and a brief (500 words or less) description of the poster that includes subject, methodology, analysis and results. Maximum poster size is three feet by four feet, and must contain original research or quality improvement work from the last two years. Submissions must be free of commercial interests and presenters must disclose any financial relationships.

The winning poster(s) will be selected by a neutral panel of judges using the following six criteria: Is it visually appealing? Is the content clear and easy to follow? Is the purpose clearly stated? Is relevance to nursing (or healthcare) clear? Is the project/research creative and or innovative? Does it add to knowledge of discipline?

The posters will be on display at the UMC Café from 7am to 5 pm on May 9, 2018, and the event is open to the public. Winning entries will receive awards at a special Nursing Excellence ceremony later that evening. CEUs will be offered as well.

For submissions, questions or further information please contact Vicki Walker at 702-383-6249 or Vicki.Walker@umcsn.com.





LPNS ARE NOT EXTINCT & CAN HELP WITH NURSING SHORTAGE

By Cheri Crumley, LPN

Since the 1800's LPNs have worked side by side with RNs, under their supervision, to provide patients with the best care possible. LPNs undergo 1.5 years of higher education in basic medical knowledge with a focus on hands-on nursing care.

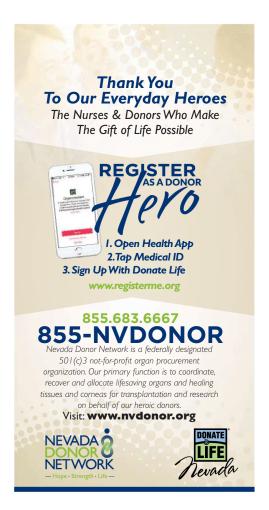
There is a national push for RNs to advance their education to BSN & MSN. This potentially leaves a void in bedside nursing; which the LPNs are eager to fill. LPN education centers on bedside care and charting, which enables the RNs to expand their administrative role on the unit. When LPNs are provided the opportunity to get advanced training and certification, such as IV and wound care, the quality of care improves.

Until now, the utilization of LPNs across the state have been identified as

limited, due to their narrow scope of practice. In 2016, the Nevada State Board of Nursing was instrumental in closing the gap by reviewing and revising the LPNs regulation and scope of practice. The new regulations can expand and extend the role of LPNs, which can have a positive impact alleviating some of the nursing shortages statewide.

LPNs are not a substitute for RNs. However, by teaming together, patients benefit and satisfaction with their care improves. Regardless of the type of health care setting, there is a need for every level of nursing. With well-defined, roles and updated scopes of practice, RNs and LPNs can build upon their collaborative relationship toward a common goal of enhanced patient care.







for advertising information, contact

LAURA WEHNER

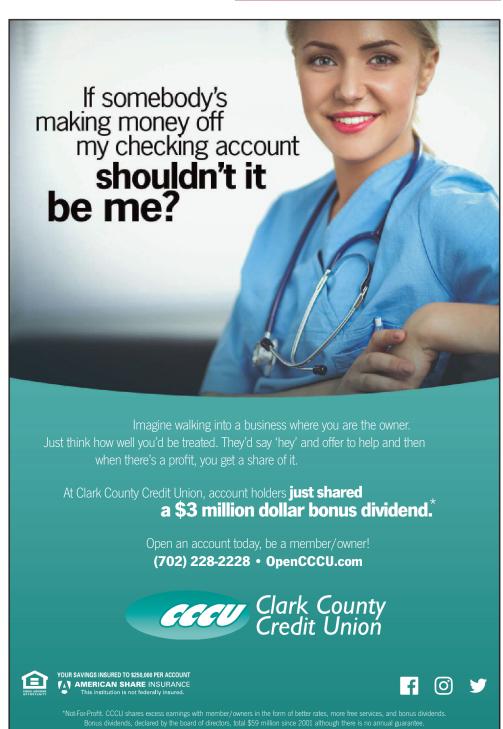
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DESERT ROSE TECH

By Zeola Braxton, Assistant Principal at Desert Rose Tech Center

As we all know there is a nursing shortage across the United States. The Clark County School District, under the leadership of Kerry Pope and Zeola Braxton, has opened a new

tech center to help. Students from six different high schools are bussed to Desert Rose Tech where some are talking nursing assistant classes. This has a two-fold mission. It allows students the opportunity to test for certification and gives these students

a head start with a future career in health care.

The diversity in ethnicity, socioeconomics, and age differs from school to school and class to class. There are also English language learners, varied educational levels and maturity levels to adapt to. The teacher must bridge all these issues to insure learning and understanding for all students. This makes teaching a challenge but also provides learning opportunities. The teacher and students learn how to be adaptable, understanding and flexible in communicating and working with those different from oneself.

As this is the first year for this program, it has not been problem free. As we move forward, one day at a time, things are smoothing out. All involved are pleased with how it is running. Future plans are to expand the program to more students and possibly to additional schools.





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Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.



Sonequa Martin-Green, SU2C Ambassador

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BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public agendas are posted on the Board's website and at community sites.

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a public comment period for people to talk to them on nursing-related issues.

If you want to speak during the public comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting public comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the public comment period, please call the Board.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

March 21-23, 2018

Reno

May 16-18, 2018

Las Vegas

July 11-13, 2018

Zephyr Cove

September 19-21, 2018

Las Vegas

November 7-9, 2018

Reno

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ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (three)

May 8, 2018 August 7, 2018 November 13, 2018

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (four)*

April 5, 2018
August 2, 2018
October 4, 2018
*One MA-C, one LPN, one Acute Care RN

Disability Advisory Committee (one)

April 27, 2018 October 19, 2018

Education Advisory Committee (three)*

April 13, 2018 August 3, 2018 October 5, 2018

*One student member and two nurse members

Nursing Practice Advisory Committee (one)

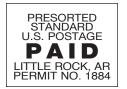
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You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the address change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.





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